

## Quick Reference: Recommended Adolescent Vaccines

All children should be protected from serious diseases. The CDC recommends that 11 and 12 year olds receive the MCV4 vaccine to protect against meningococcal disease (meningitis), the Tdap vaccine to protect against pertussis (whooping cough), diphtheria, and tetanus, and the human papillomavirus (HPV) vaccine for girls to protect against cervical cancer.

### Possible Questions from Parents

**Why should my child receive the vaccines?** Meningococcal disease (meningitis) can be very serious, even deadly. The disease can progress rapidly and result in death in 48 hours or less. Even with antibiotic treatment, adolescents die in about 10% of cases. About 20% of survivors will have long-term disability such as loss of a limb, deafness, nervous system problems, or brain damage.

Pertussis or whooping cough causes coughing fits that can last for many weeks. A coughing adolescent can easily spread it to an infant who have the most severe and sometimes fatal cases of pertussis. The Tdap vaccine also provides protection against tetanus and diphtheria.

The HPV vaccine protects against the the types of human papillomavirus that cause most cervical cancers.

### Are the vaccines safe?

Vaccines are safe and effective. Before any vaccine is licensed and made available to the public, it must be extensively studied and the FDA must approve it as safe and effective. Side effects of the vaccines are usually mild, such as a sore arm.

**How do I pay for the vaccine?** If you have health insurance, all or most of the cost is usually covered. Your child may be eligible to get the vaccines free through the Vaccines for Children program (VFC) if they are Medicaid eligible, uninsured, American Indian or Alaska Native. Contact your local health department for vaccination information.

### Assess if adolescent may need other vaccinations

- Measles, Mumps, Rubella (MMR)
- Chickenpox (Varicella)
- Polio (IPV)
- Hepatitis B (HepB)
- Hepatitis A (HepA)
- Flu (Influenza)
- Pneumococcal (PPV)

**Be sure to provide parent with the updated vaccination record.**



For more information, please visit [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)  
or call 1-800-CDC-INFO.



# Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2008

For those who fall behind or start late, see the green bars and the catch-up schedule

Vaccine ▼	Age ►	7–10 years	11–12 years	13–18 years
Diphtheria, Tetanus, Pertussis <sup>1</sup>	<i>see footnote 1</i>		<b>Tdap</b>	<b>Tdap</b>
Human Papillomavirus <sup>2</sup>	<i>see footnote 2</i>		<b>HPV (3 doses)</b>	<b>HPV Series</b>
Meningococcal <sup>3</sup>		<b>MCV4</b>	<b>MCV4</b>	<b>MCV4</b>
Pneumococcal <sup>4</sup>			<b>PPV</b>	
Influenza <sup>5</sup>			<b>Influenza (Yearly)</b>	
Hepatitis A <sup>6</sup>			<b>HepA Series</b>	
Hepatitis B <sup>7</sup>			<b>HepB Series</b>	
Inactivated Poliovirus <sup>8</sup>			<b>IPV Series</b>	
Measles, Mumps, Rubella <sup>9</sup>			<b>MMR Series</b>	
Varicella <sup>10</sup>			<b>Varicella Series</b>	

Range of recommended ages

Catch-up immunization

Certain high-risk groups

## 1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap). (Minimum age: 10 years for BOOSTRIX® and 11 years for ADACEL™)

- Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids (Td) booster dose.
- 13–18 year olds who missed the 11–12 year Tdap or received Td only, are encouraged to receive one dose of Tdap 5 years after the last Td/DTaP dose.

## 2. Human papillomavirus vaccine (HPV). (Minimum age: 9 years)

- Administer the first dose of the HPV vaccine series to females at age 11–12 years.
- Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
- Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

## 3. Meningococcal vaccine.

- Administer MCV4 at age 11–12 years and at age 13–18 years if not previously vaccinated. MPSV4 is an acceptable alternative.
- Administer MCV4 to previously unvaccinated college freshmen living in dormitories.
- MCV4 is recommended for children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups.
- Persons who received MPSV4 3 or more years prior and remain at increased risk for meningococcal disease should be vaccinated with MCV4.

## 4. Pneumococcal polysaccharide vaccine (PPV).

- Administer PPV to certain high-risk groups.

## 5. Influenza vaccine.

- Administer annually to all close contacts of children aged 0–59 months.
- Administer annually to persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at higher risk.
- Administer 2 doses (separated by 4 weeks or longer) to children younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time last season, but only received one dose.
- For healthy nonpregnant persons (those who do not have underlying medical conditions that predispose them to influenza complications) ages 2–49 years, either LAIV or TIV may be used.

## 6. Hepatitis A vaccine (HepA).

- The 2 doses in the series should be administered at least 6 months apart.
- HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children.

## 7. Hepatitis B vaccine (HepB).

- Administer the 3-dose series to those who were not previously vaccinated.
- A 2-dose series of Recombivax HB® is licensed for children aged 11–15 years.

## 8. Inactivated poliovirus vaccine (IPV).

- For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age 4 years or older.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.

## 9. Measles, mumps, and rubella vaccine (MMR).

- If not previously vaccinated, administer 2 doses of MMR during any visit, with 4 or more weeks between the doses.

## 10. Varicella vaccine.

- Administer 2 doses of varicella vaccine to persons younger than 13 years of age at least 3 months apart. Do not repeat the second dose, if administered 28 or more days following the first dose.
- Administer 2 doses of varicella vaccine to persons aged 13 years or older at least 4 weeks apart.